Docket No. UT-0031

Declaration and Power of Attorney For Patent Application English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name

my residence, post office address and chizenship are as stated below flext to my flame,				iy name,	
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and which a patent is sought on the invention entitled				
	METHOD OF ISOLATI	NG HUMAN NEUROE	PITHELIAL PRECURSOR CELLS FRO	M HUMAN FETAL	
	the specification of wh	nich			
i	(check one)				
	☑ is attached hereto	/ <u>.</u>			
	☐ was filed on		as United States Application No	. or PCT International	
	Application Number	er			
	and was amended	l on			
			(if applicable)		
		I hereby state that I have reviewed and understand the contents of the above identified specification including the claims, as amended by any amendment referred to above.			
	I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.				
	I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.				
	Prior Foreign Applicati	ion(s)		Priority Not Claimed	
	(Number)	(Country)	(Day/Month/Year Filed)		
	(Number)	(Country)	(Day/Month/Year Filed)		
	(Hamber)	(Country)	(Day/Nontil/Teal Filed)		
	(Number)	(Country)	(Day/Month/Year Filed)	_	

Form PTO-SB-01 (9-95) (Modified)

P02/REV02

Patent and Trademark Office-U.S. DEPARTMENT OF COMMERCE

I hereby claim the benefit under application(s) listed below:	35 U.S.C. Section 119(e	e) of any United States provisional
(Application Serial No.)	(Filing Date)	
(Application Serial No.)	(Filing Date)	
(Application Serial No.)	(Filing Date)	
insofar as the subject matter of ear United States or PCT International U.S.C. Section 112, I acknowledge Office all information known to me	onal application designating ch of the claims of this app application in the manner p the duty to disclose to the to to be material to patentable between the filing date of	any United States application(s), or the United States, listed below and, plication is not disclosed in the prior provided by the first paragraph of 35 United States Patent and Trademark ility as defined in Title 37, C. F. R., the prior application and the national
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

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Fifth inventor's signature	
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Sixth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

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